AMENDED IN SENATE AUGUST 9, 2006

AMENDED IN SENATE JUNE 19, 2006

AMENDED IN ASSEMBLY APRIL 6, 2006

AMENDED IN ASSEMBLY MARCH 27, 2006

CALIFORNIA LEGISLATURE—2005–06 REGULAR SESSION

ASSEMBLY BILL

No. 2609

Introduced by Assembly Member Evans (Coauthors: Assembly Members Berg, Shirley Horton, Koretz, Laird, Lieber, and Pavley)

(Coauthors: Senators Alquist, Kuehl, Romero, and Torlakson)

February 24, 2006

An act to add Section 1569.69 to the Health and Safety Code, relating to residential facilities for the elderly.

LEGISLATIVE COUNSEL'S DIGEST

AB 2609, as amended, Evans. Residential facilities for the elderly: employee training.

Existing law, the California Residential Care Facilities for the Elderly Act, provides for the licensure and regulation of residential care facilities for the elderly by the State Department of Social Services. Under existing law, a violation of any of these provisions is punishable as a misdemeanor.

This bill would require, beginning January 1, 2008, that a licensed residential care facility for the elderly ensure that each employee of the facility who assists residents with the self-administration of medications meet specified employee training requirements set forth in the bill. The bill would require these employees to pass an

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examination subsequent to completion of the training. The bill would require that each residential care facility that provides employee training pursuant to these provisions maintain certain records and documentation related to that training. It would also provide that a facility, licensed to provide care for 16 or more persons—require, maintain documentation that demonstrates that a consultant pharmacist or nurse—to review has reviewed the facility's medication management program and procedures at least twice a year. By creating a new crime, the bill would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: yes.

The people of the State of California do enact as follows:

- 1 SECTION 1. Section 1569.69 is added to the Health and 2 Safety Code, to read:
 - 1569.69. (a) Each residential care facility for the elderly licensed under this chapter shall ensure that each employee of the facility who assists residents with the self-administration of medications meets the following training requirements:
 - (1) In facilities licensed to provide care for 16 or more persons, the employee completes 16 hours of initial training prior to independently assisting residents with self-administration of medications, including eight hours of classroom instruction and eight hours of hands-on shadowing training. to assisting residents with the self-administration of medications, including eight hours of hands-on shadowing training and eight hours of other training or instruction as described in subdivision (f).
 - (2) In facilities licensed to provide care for 15 or fewer persons, the employee completes six hours of initial training prior to—independently assisting residents with the self-administration of medications, including—four hours of elassroom instruction and two hours of hands-on shadowing

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training and four hours of other training or instruction as described in subdivision (f).

(3) An employee shall be required to complete the training requirements for hands-on shadowing training described in this subdivision prior to assisting any resident in the self-administration of medications. The training and instruction described in this subdivision shall be completed, in their entirety, within the first two weeks of employment.

(3)

- (4) The training shall cover all of the following areas:
- (A) The role, responsibilities, and limitations of unlicensed staff staff who assist residents with the self-administration of medication, including tasks limited to licensed medical professionals.
- (B) An explanation of the terminology specific to medication assistance.
- (C) An explanation of the different types of medication orders: prescription, over-the-counter, controlled, and other medications.
- (D) An explanation of the basic rules and precautions of medication assistance.
- (E) Information on medication forms and routes for medication taken by residents.
- (F) A description of necessary preparation and assistance with procedures for providing assistance with the self-administration of medications in and out of the facility, and information on the medication documentation system used in the facility.
- (G) An explanation of guidelines for the proper storage, security, and documentation of centrally stored medications.
- (H) A description of the processes used for medication ordering, refills and the receipt of medications from the pharmacy.
- (I) An explanation of medication side effects, adverse reactions, and errors.
- (5) To complete the training requirements set forth in this subdivision, each employee shall pass an examination that tests the employee's comprehension of, and competency in, the subjects listed in paragraph (3).

38 (4)

(6) Residential care facilities for the elderly shall encourage pharmacists and licensed medical professionals to use plain

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1 English when preparing labels on medications supplied to 2 residents. As used in this section, "plain English" means that no 3 abbreviations, symbols, or Latin medical terms shall be used in 4 the instructions for the self-administration of medication.

- (7) The training requirements of this section are not intended to replace or supplant those required of all staff members who assist residents with personal activities of daily living as set forth in Section 1569.625.
- (8) The training requirements of this section shall be repeated if either of the following occur:
- (A) An employee returns to work for the same licensee after a break of service of more than 180 consecutive calendar days.
- (B) An employee goes to work for another licensee in a facility in which he or she assists residents with the self-administration of medication.
- (b) Following the training required in subdivision (a), each employee shall pass a competency examination with a 70 percent minimum score prior to independently assisting residents with the self-administration of medications. The examination shall cover the subjects covered in the training and each test that receives a passing score shall be signed by the trainee and trainer, and, for those facilities described in paragraph (1) of subdivision (a), reviewed by a pharmacist or nurse during a semiannual consultation.

(c)

(b) Each employee who received training and passed the exam required in subdivision (b) paragraph (5) of subdivision (a), and who continues to assist with the self-administration of medicines, shall also complete four hours of in-service training on medication-related issues in each succeeding 12-month period.

(d)

- (c) The requirements set forth in subdivisions (a), (b), and (c) (a) and (b) do not apply to persons who are licensed health care medical professionals. Each
- (d) Each residential care facility for the elderly that provides employee training under this section shall use the training material and the accompanying examination that are developed by, or in consultation with, a licensed nurse, pharmacist, or physician. The licensed residential care facility for the elderly

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shall maintain the following documentation for each medical consultant used to develop the training:

- (1) The name, address, and telephone number of the consultant.
 - (2) The date when consultation was provided.

- (3) The consultant's organization affiliation, if any, and any educational and professional qualifications specific to medication management.
 - (4) The training topics for which consultation was provided.
- (e) Each person who provides employee training under this section shall meet the following education and experience requirements:
- (1) A minimum of <u>eight hours of certified continuing</u> five hours of initial, or certified continuing, education or three semester units, or the equivalent, from an accredited educational institution, on topics relevant to medication management.
- (2) The person shall meet any of the following practical experience or licensure requirements:
- (A) Current employment—Two years full-time experience, within the last four years, as a consultant with expertise in medication management in areas covered by the training described is subdivision (a).
- (B) Two years full-time experience, or the equivalent, within the last four years, as an administrator for a residential care facility for the elderly-or as a direct care provider, during which time the individual has acted in substantial compliance with applicable regulations.
- (C) Two years full-time experience, or the equivalent, within the last four years, as a direct care provider assisting with the self-administration of medications for a residential care facility for the elderly, during which time the individual has acted in substantial compliance with applicable regulations.
 - (C) Possession of a professional health care license.
 - (D) Possession of a license as a medical professional.
- (3) The licensed residential care facility for the elderly shall maintain the following documentation on each person who provides employee training under this section:
 - (A) The person's name, address, and telephone number.
- 39 (B) Information on the topics or subject matter covered in the 40 training.

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- 1 (C) The time, dates, and hours of training provided.
 - (f) The training may be offsite, and the trainer may use various
 - (f) Other training or instruction, as required in paragraphs (1) and (2) of subdivision (a), may be provided off site, and may use various methods of instruction, including, but not limited to, all of the following:
 - (1) Lectures by presenters who are knowledgeable about medication management.
 - (2) Video instruction tapes, interactive material, *online training*, and books.
 - (3) Other written or visual materials approved by organizations or individuals with expertise in medication management.
 - (g) The licensed residential care facility for the elderly shall maintain in its personnel records documentation for each employee who completes the training that includes the date, hours provided, and names of staff in attendance, and method of instruction used. The documentation required by this subdivision shall meet the following requirements:
 - (1) The documentation be retained for at least three years following the date consultation services or training were provided.
 - (2) The licensed residential care facility for the elderly agency shall be entitled to inspect, audit, remove if necessary, and copy this documentation upon demand during normal business hours.
 - (3) The licensed residential care facility for the elderly shall maintain in the personnel records documentation on the ongoing training required and include the training topics covered.

(h)

(g) Residential care facilities for the elderly licensed to provide care for 16 or more persons shall—ensure maintain documentation that demonstrates that a consultant pharmacist or nurse-review has reviewed the facility's medication management program and procedures at least twice a year.

(i)

36 (h) Nothing in this section authorizes unlicensed personnel to directly administer medications.

38 (i)

(i) This section shall become operative on January 1, 2008.

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SEC. 2. No reimbursement is required by this act pursuant to Section 6 of Article XIIIB of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIIIB of the California Constitution.